

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005995

Entity Name: THE OASIS CENTER FOR WOMEN & GIRLS, INC.**Current Principal Place of Business:**317 E. CALL STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**317 E. CALL STREET
TALLAHASSEE, FL 32301**FEI Number:** 26-0278278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMEZ, MICHELLE
317 E. CALL STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHELLE GOMEZ

01/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BRENNAN, KATHLEEN
Address 4778 LANCASHURE LN
City-State-Zip: TALLAHASSEE FL 32309

Title VICE PRESIDENT
Name JONES, ANDREA
Address 705 BIVINS AVE.
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name HAMILTON, TIFFANY
Address 4256 OLD PLANTATION LOOP
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name PRUETT, KORI
Address 1705 RAA AVE.
City-State-Zip: TALLAHASSEE FL 32303

Title TREASURER
Name BUTTON, MARISA
Address 561 RAWLS RD
City-State-Zip: TALLAHASSEE FL 32312

Title EXECUTIVE DIRECTOR
Name GOMEZ, MICHELLE
Address 317 E. CALL STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JUAREZ, LENA
Address 845 CIRCLE DR.
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name SJOSTROM, ERIN
Address 6359 DUCK CALL CT
City-State-Zip: TALLAHASSEE FL 32309

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE GOMEZ**EXECUTIVE DIRECTOR**

01/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEELE, JACQUELYN
Address 5024 BRADFORDVILLE RD.
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name HILL, SAVANNAH
Address 1323 HIDDEN TIMBERS PL.
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name MACDILL, PAM
Address 8412 PINE CONE RD.
City-State-Zip: TALLAHASSEE FL 32311